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3636  
PATENT APPLICATION

Attorney Docket No.: 110951

**AMENDMENT TRANSMITTAL**

In re the Application of

Hideki URAMICHI

Group Art Unit: 3636

Application No.: 10/050,943

Examiner: M. Nelson, Jr.

Filed: January 22, 2002

For: RECLINING DEVICE FOR A SEAT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RECEIVED**

JAN 12 2004

**GROUP 3600**

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.  
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:


|  | (Column 1)                       | (Column 2)                      | (Column 3)    | SMALL ENTITY |           |    | OTHER THAN A SMALL ENTITY |           |
|--|----------------------------------|---------------------------------|---------------|--------------|-----------|----|---------------------------|-----------|
|  | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE         | ADD'L FEE | OR | RATE                      | ADD'L FEE |
| TOTAL CLAIMS   | *22 MINUS                        | **20                            | =2            | x 9          | \$        |    | x 18                      | \$ 36     |
| INDEP CLAIMS   | *2 MINUS                         | ***3                            | =0            | x 43         | \$        |    | x 86                      | \$ --     |
| <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM |                                  |                                 |               | + 145        | \$        | OR | +290                      | \$ --     |
|  |                                  |                                 |               |              | \$        |    |                           | \$ 36     |

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 149733 in the amount of \$36 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

  
James A. Oliff  
Registration No. 27,075

Scott M. Schulte  
Registration No. 44,325

JAO:SMS/sxb

Date: December 31, 2003